

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



### APPLICATION FOR HORSEBACK RIDING INSTRUCTOR EXAM

NAME OF APPLICANT: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: (Street or P.O. Box) \_\_\_\_\_

TOWN, STATE, ZIP: \_\_\_\_\_

### IN ORDER TO PROCESS THIS APPLICATION YOU MUST SUBMIT THE FOLLOWING

\*This signed application and the \$20.00 application fee (check or money order) payable to the Commonwealth of Massachusetts. **No cash accepted.**

\*A letter from the Licensed Instructor under which you apprenticed, verifying the dates of your 6 month apprenticeship, including a description of Riding Lessons taught. The letter must be Signed, Dated and include the Instructors Name, Address, Telephone and Instructor License Number.

\*Attach the letter to this application.

\*Choose an exam date from the exam schedule. \_\_\_\_\_  
Month Day Year

I certify that I am 18 years of age and have read Chapter 128, section 2A of the Massachusetts General Law and its Rules and Regulations 330 CMR 16.00 and agree to abide by them and I certify that all application requirements have been fulfilled and are true.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Exam Fee is \$20.00 made payable to the Commonwealth of Massachusetts**